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Jean Myers

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of) Group Art Unit: 1743
RADISLAV ALEXANDROVICH POTYRAILO et al.) Examiner: SAMUEL P. SIEFKE
Serial No. 09/920,281) Confirmation No.: 5671
Filed: February 8, 2001)
For: OPTO-ACOUSTIC WAVE CHEMICAL SENSOR)

AMENDMENT

Mail Stop AF
Commissioner for Patents
P.O. Box 1450,
Alexandria, VA 22313-1450

Sir:

In response to the Advisory action mailed on May 27, 2005, please amend the above-referenced application as follows.

Listing of Claims begin on page 2 of this paper;

Remarks begin on page 11 of this paper

AMENDMENT TRANSMITTAL LETTER

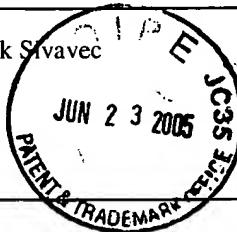
ATTORNEY'S DOCKET NO.

RD-26350-1

SERIAL NO.	FILING DATE	EXAMINER	GROUP ART UNIT
09/920,281	08/02/01	S. P. Siefke	1743

IN RE APPLICATION OF Radislav Alexandrovich Potyrailo, Timothy Mark Sivavec

FOR OPTO-ACOUSTIC WAVE CHEMICAL SENSOR



TO THE ASSISTANT COMMISSIONER FOR PATENTS :

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NO. OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	* 35	MINUS	** 73 =	0	X \$ 50.00	\$0.00
INDEP. CLAIMS	* 2	MINUS	*** 4 =	0	X \$200.00	\$0.00
ADDITIONAL FEE FOR USE OF MULTIPLE DEPENDENT CLAIM(S), IF NOT PAID PREVIOUSLY (once per application)					X \$360.00	
					TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	\$0.00

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE in less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

 Please charge \$0.00 to my Deposit Account No. 07-0868. The Assistant Commissioner is hereby authorized to charge all required fees under 37 C.F.R. 1.16 or 1.17 or credit any overpayment to Deposit Account No. 07-0868.

Three copies of this sheet are enclosed.

6/21/05

date

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